POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	gc		8/15/00
O.I.P.E. CLASSIFIER		2/3	8/17/00
FORMALITY REVIEW	ll	823	9/20
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date		Claim		Date		Claim		Date
Final	Original	9/6/		Final	Original			Final	Original	
1	1	2			51				101	
2	2				52				102	
3	3				53				103	
4	4				54				104	
5	5				55				105	
6	6				56				106	
7	7				57				107	
8	8				58				108	
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10	10				60				110	
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18	18				68				118	
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26	26				76				126	
27	27				77				127	
28	28				78				128	
29	29	2			79				129	
	30				80				130	
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If more than 150 claims or 10 actions
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